

**MULTIPLE IDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09 76222Y** FILING DATE
APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT											
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1		1				51									
2		1		1			52									
3		2		1			53									
4		2		1			54									
5		0		1			55									
6		0		1			56									
7	1		1				57									
8		1		1			58									
9		2		1			59									
10		0		1			60									
11		0		1			61									
12		0		1			62									
13		0		1			63									
14		0		1			64									
15				1			65									
16				1			66									
17				1			67									
18				1			68									
19				1			69									
20				1			70									
21							71									
22							72									
23							73									
24							74									
25							75									
26							76									
27							77									
28							78									
29							79									
30							80									
31							81									
32							82									
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35							85									
36							86									
37							87									
38							88									
39							89									
40							90									
41							91									
42							92									
43							93									
44							94									
45							95									
46							96									
47							97									
48							98									
49							99									
50							100									
TOTAL IND.	2		2				TOTAL IND.									
TOTAL DEP.	14		18				TOTAL DEP.									
TOTAL CLAIMS	16		20				TOTAL CLAIMS									

BEST AVAILABLE COPY